

ENVIRONMENTAL PUBLIC HEALTH TRACKING SYSTEM (EPHTS)
NEVADA PLANNING WORKGROUP
First Meeting – Minutes

July 10, 2003 9:30 am – 12:00
Nevada State Library and Archives, Conf. Room A
100 North Stewart Street
Carson City, NV

I PARTICIPANTS

EPHTS Leadership Team

Ihsan Azzam	Manager, EPHTS Program
Maryanna Moyer	EPHTS Education and Information Officer
Randel Stevens	State of Nevada Dept. of Information Technology
Kathleen Fox-Williams	State of Nevada Division of Environmental Protection
Sherrada James	State of Nevada Indian Commission
Ed Foster	State of Nevada Dept. of Agriculture

EPHTS Consortium Members

Charlene Herst	State of Nevada Tobacco Prevention and Education Program
Robert Sack	Washoe County Environmental Health Services Division
Charles Moses	State of Nevada Dept. of Agriculture
Christine Rudolph	State of Nevada Division of Environmental Protection
Bill M. Welch	Nevada Hospital Association
Robin D. Camacho	American Heart Association
Charmain S. Lastimo	Progressive Leadership Alliance of Nevada (PLAN)
Gennifer Weaver	The Nevada Cancer Institute
Erin Dixon	Washoe County Health District
Madeleine Sigman-Grant	UNLV Cooperative Extension
Ginger Paulsen	State of Nevada Arthritis Prevention and Control Program
Wei Yang	State of Nevada Biostatistician
Bandi Huckabay	Administrative Assistant, State of Nevada Tobacco Prevention and Education Program

II GRANT OVERVIEW AND PROGRAM UPDATE

Ihsan Azzam provided a PowerPoint presentation, covering three topics of the EPHTS grant:

- **History and Background**

- In the last century, the average lifespan of Americans has increased by more than 25 years.
- Chronic diseases account for approx. 1.7 million deaths a year in the U.S.

- There is almost no national monitoring system for chronic diseases. There exists an “environmental gap” which has been noted by the Environmental Health Commission at John Hopkins University to be a lack of critical information that could document possible links between environmental hazards and chronic disease.

- **Nevada’s Program and how it is applied**
 Mission: “To improve the health of Nevada communities”
 - “This new program provides a strategic opportunity...by linking environmental and health data on a national level...”
 - The Nevada State Health Division has received Level A funding.
 - ✓ Complete a comprehensive inventory of environmental hazards, chemical (including agricultural chemicals) inventories and non-infectious disease surveillance systems already in place.
 - ✓ Begin a statewide public awareness campaign to educate and inform the public about the relationship between environmental hazards and chronic diseases.
 - Four Goals of the EPHTS are:
 - ✓ Enhance the public health infrastructure by increasing active surveillance.
 - ✓ Identify environmental hazards and prevent human exposure.
 - ✓ Improve understanding by policy makers and community leaders of the relationship between exposure to environmental hazards and chronic diseases such as asthma.
 - ✓ Facilitate the integration of the EPHTS with existing and future, state and federal environmental and health surveillance systems.

- **Disease Determinants**

Most chronic diseases are multi-factorial in nature and to a certain degree can be linked to previously identified risk factors related to the environment in which we live and work, and in most cases can be directly attributed to individuals’ behaviors.

III SURVEY DEVELOPMENT

A PowerPoint presentation by Randel Stevens illustrated the general application of the Environmental Public Health Tracking System as it relates to health and chronic disease and the

steps being taken to develop the draft for the initial survey needed to conduct a comprehensive database inventory.

Developing a Database Assessment Tool

Phase 1 – A survey which is a general information form, consisting of questions about who the database manager is, where it is located, how it is used, etc.

Phase 2 – Determine which surveys/databases are relevant, and investigate those further with a more detailed survey or interview. This second survey will cover topics such as demographics, usage and quality, and technology.

Once the inventory is in place, it will enable us to determine

- Our current information sharing capacity.
- Which kinds of information we might link together.

IV GENERAL DISCUSSION

There was some discussion after the presentation regarding HIPPA compliances and scrubbing data, and other compliances that may be in place for the different databases that may be encountered. This is an ongoing issue within the state system already, and is dealt with on a case-by-case basis.

It is important to note that this is the assessment phase of this project—finding out what we have. As the project moves into Part B, we will be able to support it with the capacity building and infrastructure being developed now.

Several participants offered examples of databases already being used in the state. Sherrada James described the system (Registered Patient Management System, or RPMS) being used by Indian Health Services. In that instance, the 13 tribal clinics are linked to a central hub in Arizona, (along with clinics from Utah and Arizona), where they are connected to a national network on the federal level.

One point that was brought up by Bill Welch was the importance of maintaining political neutrality. For this consortium to be successful elements such as simplicity, HIPPA compliance, lack of duplication and financial support need to be considered when designing the finished product.

V NEXT MEETING

- In Las Vegas, date to be determined
- Think about partnerships... Who is missing from the table?
- Questions for the CDC